



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

TAMARA PRISOCK – ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

January 19, 2016

Rod Johnson, Administrator  
The Willows—Blackfoot Operations  
898 South Meridian  
Blackfoot, ID 83221

License #: RC-912

Dear Mr. Johnson:

On December 11, 2015, a Fire Life Safety Survey was conducted at The Willows—Blackfoot Operations. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Nate Elkins, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626 option 3.

Sincerely,

Nate Elkins  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

NE/lj



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December 17, 2015

Rod Johnson, Administrator  
The Willows of Blackfoot  
898 South Meridian  
Blackfoot, ID 83221

Dear Mr. Johnson:

On December 11, 2015, a Fire Life Safety Survey was conducted at The Willows of Blackfoot. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by January 11, 2016.

Should you have any questions about our visit, please contact me at (208) 334-6626, option 3.

Sincerely,

MARK P. GRIMES, Supervisor  
Facility Fire Safety & Construction Program

MPG/lj  
Enclosure

## NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Willows, The-Blackfoot Operations, LLC	RC-912	898 South Meridian	208-782-1478
Administrator	City	Zip Code	Survey Date
Rod Johnson	Blackfoot	83221	12/11/2015
Survey Team Leader	Survey Type	Response Due	
Elkins, Nate	Fire Life Safety and Sanitation Licensure		
Administrator Signature	Date Signed		

Item #	Rule	Description
1	16.03.22.415.05. Automatic Fire Extinguishing System Service and Testing.	The 4" main supply pipe located in the riser room is leaking and heavily corroded
2	16.03.22.410.01. Written Agreement for Relocation.	The facility did not provide a relocation agreement
3	16.03.22.415.02. Fuel-Fired Heating.	No documentation for annual inspection of the fuel fired heating systems.
4	16.03.22.405.05. Structure, Maintenance, Equipment to Assure Safety.	<p>1.) Smoke door near room #30 will not close completely when released from the magnetic hold open device due to a floor vent impeding the process.</p> <p>2.) Cross corridor door near room #16 would not close completely leaving a 1" gap at the top of the door that would not resist the passage of smoke.</p> <p>3.) Cross corridor door near room #60 would not close completely leaving a 1" gap at the top of the door that would not resist the passage of smoke.</p> <p>4.) Both sets of smoke doors leading to/from the memory care unit has an approximate 2" gap between the doors when closed that would not resist the passage of smoke</p>
5	16.03.22.405.05.f. Structure, Maintenance, Equipment to Assure Safety.	Portable space heater located in room #18

6	16.03.22.405.02. Fire Alarm Smoke Detection System.	The smoke detector is missing from room #18
7	16.03.22.415.01. Maintenance of Equipment and Systems.	1.) Exit signs near room #1 and room #31 did not operate from battery back-up 2.) The emergency light located near room #52 was found to be not operational
8	16.03.22.405.03. Medical Gases.	One (1) Oxygen cylinder was found unsecured located in the sitting area in the memory care unit.
9	16.03.22.410.02. Fire Drills.	No fire drills were performed for the 3rd quarter (July-September 2015)



Facility Name <i>The Willows</i>	Physical Address <i>898 S. Meridian</i>	Phone Number <i>782-1478</i>
Administrator <i>Rod Johnson</i>	City <i>Blackfoot</i>	ZIP Code <i>83221</i>
Survey Team Leader <i>Nate Atkins</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>12-11-15</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.05	<del>The sprinkler system is not being inspected on a quarterly basis</del> <i>NE 12-15-15</i>		
		<i>2) 4" main pipe (supply) leaking and is heavily corroded</i>	<i>1-12-16</i>	<i>NE</i>
		<del>repeat write up cited on 11-7-13</del> <i>NE 12-15-15</i>		
<del>2</del>	<del>415.04</del>	<del>The fire alarm system is not being inspected annually</del>		
		<del>last documented 5-27-14*</del> <i>NE 12-15-15</i>		
3	410.01	The facility did not provide a relocation agreement	<i>1-19-16</i>	<i>NE</i>
<del>4</del>	<del>415.05</del>	<del>No documentation of semi-annual kitchen suppression system inspection</del>		
		<del>repeat write up cited on 11-7-13</del> <i>NE 12-15-15</i>		
5	415.02	No documentation for fuel fired heating system inspections	<i>1-11-16</i>	<i>NE</i>
6	405.05(B)	Portable space heater found in RM 18	<i>1-12-16</i>	<i>NE</i>

Response Required Date <i>1-26-16</i>	Signature of Facility Representative 	Date Signed <i>12/11/15</i>
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Facility Name <i>The Willows</i>	Physical Address <i>898 S. Meridian</i>	Phone Number <i>782-1478</i>
Administrator <i>Red Johnson</i>	City <i>Blackfoot</i>	ZIP Code <i>83221</i>
Survey Team Leader <i>Nate Fixins</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>12-11-15</i>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
7	405.02	Smoke detector missing in room 18	1-12-16	NE
8	415.01	Exit signs near rooms #1 + #31 did not operate from battery back-up	1-12-16	NE
9	405.05	1) Smoke door near RM 30 will not close due to a floor vent	1-12-16	NE
		2) Cross corridor door near RM 16 would not close completely leaving a 1" gap at the top of door	1-12-16	NE
		3) Cross Corridor door near RM 360 will not close completely leaving a 1" gap at the top of door	1-12-16	NE
		4) Both smoke doors leading to/from memory care unit has an approx 1"-2" gap between the doors	1-12-16	NE
10	405.03	Unsecured O <sub>2</sub> cylinder in sitting area memory care unit	1-12-16	NE
11	415.01	Emergency light map near RM 57	1-12-16	NE
12	410.02	No fire drills performed in 3rd quarter	1-12-16	NE
Response Required Date <i>1-26-16</i>	Signature of Facility Representative <i>[Signature]</i>		Date Signed <i>12/11/15</i>	